



PROPERTY CLAIM

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Shaded areas for office use only. Please print clearly.

Claim Number

1. Your Details

Policy Number

Name of Insured

Contact Name

Postal Address

Postcode:

Address where insured property kept

Postcode:

Telephone

Home

Work

Occupation

2. Interested Parties

Is the property you are claiming for under a financial agreement (eg. mortgage/lease)?

No

Name of financier

Yes

Contract Number

3. Type of Claim

Burglary

Plate Glass

Money (Cash)

Fire

Fidelity

Other

Postcode:

4. Incident Details

Date of Incident

Time

 am/pm

Where did Incident occur? (Give address)

Postcode:

5. Incident Description

Give details of how incident happened (if a burglary, include how entry was gained) and who caused damage

6. Police

Have Police been notified?

No

Police Station

Yes

Date

Police report number

Have you taken any other action to recover or reduce your loss?

No

Yes

Give details

Please continue on next page

7. Security

What precautions/security improvements have been made since the loss?

8. Other Insurance

Is there any other Insurance on the property which is the subject of claim?

No Name of Insurer

Yes

Policy Number

10. Schedule

Description of Property lost/damaged/stolen	Year Purchased	Replacement Value (new condition)	Cost of repairs (if damaged)	Amount claimed
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
		A\$	A\$	A\$
Total Amount				A\$

All original repair invoices, quotes or receipts must be submitted to the Company prior to the settlement of the Claim to avoid any delays in processing.

11. Important - Please Read Carefully

As part of our duty of good faith, we advise you that we may ask the Insurance Reference Service or a similar organisation to check the accuracy of information given on this proposal/claim form.

If these Enquiries reveal anything inconsistent with the information you have given us, it may affect our acceptance of this proposal/claim, subject to the provisions of the Insurance Contracts Act, 1984 (as amended).

9. Witnesses

Name

Postal Address

Postcode:

Telephone Home Work

Name

Postal Address

Postcode:

Telephone Home Work

12. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We authorise IBNA to give to, or obtain from, other insurers or any credit reference service any information relating to me/us or any claim in relation thereto.

Signature Date